10/017802

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

113,12-0173/00-050

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EN	ππγ □	OR	OTHER SMALL		
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	Basic Fee	740.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		• Ø			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		• 0			X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=		1	+280=		
* If th difference in column 1 is less than zero, enter "0" in column						column 2		TOTAL		OR OR	TOTAL	740	
CLAIMS AS AMENDED - PART II								OTHER THAN					
		(Column 1)	(Column 2) (Column 3)				L	SMALL ENTITY			SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREV	EST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 20	Minus	•• /	20	-X	1	X\$ 9=		OR	X\$18= ·		
	Independent	• 3	Minus	***	3	- 4		X42=		OR	X84=		
_	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		j	+140=			+280=		
												l	
TOTAL ADDIT. FEE OR ADDIT. FEE												ŀ	
(Column 1) (Column 2) (Column 3)]	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	REST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	יייאראסר
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		2
	Independent	•	Minus	***		=		X42=		OR	X84=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		J	+140=			+280=		COPY
								TOTAL		OR	TOTAL		K
								ADDIT. FEE		OR	ADDIT. FEE		
_		(Column 1)			mn 2) REST	(Column 3	4.						1
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUA PREV	ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**				X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		•]	X42=		OR	X84=		
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L			1 07	}	 -	
A la lace than the matrix of a state of a state of the st								+140=		OR	+280=		
-	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
"	Th "Highest Nur	mber Previously Pa	aid For (Total	or Ind pen	dent) is th	e highest numi	ber fo	und in the ap	pr priet bo	ox im co	otumn 1.		